

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Dr. Tucker
State File No. 443
Registrar's No. 74

1. Place of Death: (a) County Pinal (b) City or Town Rural (c) Location 11 mile Carnes Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 5 Days; In Community 5 days; In Arizona 3 weeks
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Oregon (b) County Wasco (c) City or Town The Dalles
(If outside city limits also write RURAL)

(d) Street No. _____ (e) If foreign born, in U. S. A. _____ yrs.
(f) Social Security No. 543-03-0968
(If NONE write the word)

3. (a) FULL NAME John Jeffery Daulton (b) If veteran name was 3rd (c) Social Security No. 543-03-0968
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single
6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Mar. 19, 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 29 If less than one day hrs. _____ min. _____

9. Birthplace Rogersville Tennessee
(City, town or county) (State or Country)

10. Usual Occupation Railroad Brakeman

11. Industry or Business Railroad

12. Name William Daulton
Father (City, town or county) (State or Country)

13. Birthplace Virginia
(City, town or county) (State or Country)

14. Maiden Name Amanda Mayner
Mother (City, town or county) (State or Country)

15. Birthplace Tennessee
(City, town or county) (State or Country)

16. (a) Informant's own signature J. K. Daulton
(b) Address Eloy, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Casa Grande (c) Date Nov. 24, 1941

18. (a) Embalmer's Signature Dalton H. Dole
(b) Funeral Director Edith Maud Mortuary
(c) Address Casa Grande, Arizona

19. (a) Nov 24, 1941
(Date received local Registrar)
(b) Geralline R. R. R.
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 18, 1941
TIME (Hour and minute) 6 P. M.

21. I hereby certify that I attended the deceased from Nov. 13
_____, 1941, to Nov. 18, 1941
that I last saw him alive on Nov. 19, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency
Chronic Cardiac-vascular
renal disease

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations NT
Of autopsy NT

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____

While at work? (e) Means of injury _____

23. Signature James B. Tucker M. D.
Address Eloy, Ariz Date signed 11-24-41